



Date \_\_\_\_\_

Place Secret stamp here

**Contracting public agency**

Agency name		Telephone number (incl. area code)
Postal address	Post code	City

**Contractor information**

Organisation registration number	Company name in full		Line of business
Postal address	Post code	City	Telephone number
Project/Assignment		Subcontractor under (company name)	
Head of Protective Security			Telephone number
Deputy Head of Protective Security			Telephone number
Protective security agreement signed*	Date	Records check	Agreement terminated** Date
<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

**\*Protective security level**

- Level 1 Handling and storage of classified information at contractor's premises
- Level 2 Handling of classified information on premises designated by contracting public agency
- Level 3 Possible access to classified information on premises designated by contracting public agency

**\*\*Termination of agreement**

All security-checked individuals associated with this project must be deregistered. The contracting public agency must enclose with this form a separate list of these individuals.

**Notification to the Swedish Security Service**

Under Chapter 7, Section 8 of the Swedish National Police Board regulations and general advice on protective security; RPSFS 2010:3, the Swedish Security Service must be immediately notified of any terminated protective agreement.

**Signature**

Signature
Name in block letters

**Information**

Please send the completed form, in original, to:

Säkerhetspolisen  
Registerkontrollen  
Box 12312  
102 28 STOCKHOLM